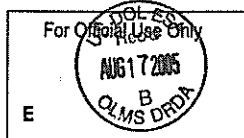


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11510</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Mike</u> <u>R</u> <u>Grunwald</u> P.O. Box, Bldg., Room No., if any Street <u>20712 50th Ave E</u> City <u>Spanaway</u> State <u>Washington</u> ZIP Code + 4 <u>98387</u>	4. Name, file number, and address of labor organization. Name <u>IBEW Local 76</u> Labor Organization File Number <u>010-422</u> P.O. Box, Building and Room Number, if any <u>Suite 101</u> Street <u>3049 So. 36th Street</u> City <u>Tacoma</u> State <u>Washington</u> ZIP Code + 4 <u>98409</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>8/10/05</u> (253) 475-1190 Date Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name IBEW Local 76 / NECA LMCC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 102

Street 8815 So. Tacoma Way

City Tacoma

State Washington

ZIP Code + 4 98499

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

I sit as member of the Board of Trustee.

11.b. Approximate dollar value of such dealing.

\$1,462

12.a. Nature of interest held or income received.

Re-imbursement for out of pocket expenses directly related to attendance at Trust and/or Educational Conferences.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name IBEW Pacific Coast Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 525

Street 5 Third Street

City San Francisco

State California ZIP Code + 4 94103-3202

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

I sit as member of the Board of Trustee.

11.b. Approximate dollar value of such dealing.

\$1,272

12.a. Nature of interest held or income received.

Re-imbursement for out of pocket expenses directly related to attendance at Trust meetings and/or Educational Conferences.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Mike Grunwald

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name IBEW Local 76 Retirement Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street PO Box 220

City Soap Lake

State Washington

ZIP Code + 4 98851

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

I sit as member of the Board of Trustee.

11.b. Approximate dollar value of such dealing.

\$346

12.a. Nature of interest held or income received.

Re-imbursement for out of pocket expenses directly related to attendance at Trust meetings and/or Educational Conferences.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name IBEW Health and Welfare Trust of SW Washingt

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street PO Box 220

City Soap Lake

State Washington ZIP Code + 4 98851

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

I sit as member of the Board of Trustee.

11.b. Approximate dollar value of such dealing.

\$346

12.a. Nature of interest held or income received.

Re-imbusement for out of pocket expenses directly related to attendance at Trust meetings and/or Educational Conferences.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name S.W. Washington Electrical JATC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3009 So. 36th Street

City Tacoma

State Washington

ZIP Code + 4 98409

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

I sit as member of the Board of Trustee.

11.b. Approximate dollar value of such dealing.

\$477

12.a. Nature of interest held or income received.

Re-imbursement for out of pocket expenses directly related to attendance at the Western States Electrical Contest in Reno, NV

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Marco Consulting Group

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 900

Street 550 West Washington

City Chicago

State Illinois ZIP Code + 4 60661

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IBEW Local 76 Retirement Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street PO Box 220

City Soap Lake

State Washington ZIP Code + 4 98851

11.a. Nature of such dealing.

I sit as member of the Board of Trustee of the IBEW Local 76 Retirement Trust.

11.b. Approximate dollar value of such dealing.

\$131

12.a. Nature of interest held or income received.

Golf sponsorship, 2/10/04 (Estimated value=\$67.00) and 6/22/04 (Estimated value = \$64.00)

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Mike Grunwald	File Number U-
--	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **McMorgan & Company**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Suite 700**

Street **720 S.W. Washington**

City **Portland**

State **Oregon** ZIP Code + 4 **97205**

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **IBEW Local 76 Retirement Trust**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **PO Box 220**

City **Soap Lake**

State **Washington** ZIP Code + 4 **98851**

11.a. Nature of such dealing.

I sit as member of the Board of Trustee of the IBEW Local 76 Retirement Trust.

11.b. Approximate dollar value of such dealing.

\$493

12.a. Nature of interest held or income received.

Lunch, January 28, 2004 (\$44.00) Lunch, July 12, 2004 (\$51.00) Golf sponsorship, June 23, 2004 (\$88.00) Golf sponsorship, Nov. 23, 2004 (\$60.00) Charity Golf Tournament Sponsorship, Sept. 14, 2004 (\$250.00)

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.